



READY

2020-2021

3 and 4 Year Old Applicants

Cranford Public Schools offers an inclusive **half-day** preschool Program called **READY**. The **READY** program is a regular education preschool program that places children with special needs with their typical peers. The Philosophy is based on the rationale that children learn through modeling and imitation and are motivated by other children. By integrating students with disabilities into typical preschool classes, maximum growth and development is achieved for all children.

Children who will be 3 years old or 4 years old by October 1, 2020 and are Cranford residents are eligible for **READY**. **Applications must be received by U.S. mail or hand delivered no later than Friday, January 10th, 2020** to the Board of Education Office, 132 Thomas Street. Applications **will not** be accepted after that date.

Because of the popularity of this program, entry into the **READY** program for non-disabled students may be based on a lottery, if needed, which will be held on January 17th. If your child is selected you will be notified by mail shortly there after. If you are registering multiples, we cannot guarantee all children will be selected. The tuition charge for this program is **\$4400.00 or \$440.00 per month. First and last months tuition is due upon acceptance** into the program and is **non refundable**. Cranford does **NOT** provide transportation to students in this program.

Applications for the **READY** program are available in the main offices at all the elementary schools within the district as well as our website, www.cranfordschools.org

For additional information or if you have any questions, you may call The Office of Special Services at (908)709-6217.

Cranford Public Schools
READY Program Application 2020-2021

3 years old by October. 1, 2020 4 years old by October. 1, 2020

*Must be less than age 5 yrs. and at least 3 yrs. by October 1, 2020

(Check appropriate box above)

Student's Name: _____
Last First M.I.

* DOB ____/____/____ Gender: M ____ F ____
Month Day Year

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Home Phone: _____ Email: _____

Parent/Guardian Cell Phone parent 1. _____

parent 2. _____

Please check whichever applies:

_____ I **do not** suspect my child might have a developmental delay or disability.

_____ I suspect my child might have a developmental delay or disability. Please indicate reason(s) below:

I understand that transportation is **NOT** provided.

Parent's/Guardian's Signature: _____

Print Name: _____

Date: _____

Please return this application
NO later than Friday, Jan. 10th to:

Office of Special Services
Cranford Board of Education
132 Thomas Street
Cranford, New Jersey 07016